## 07/26/06

## PART B - FEE(S) TRANSMITTAL

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06/08/2006 7590 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. EDWARDS & ANGELL, LLP P.O. BOX 55874 BOSTON, MA 02205 <u>Kathleen M. Drury</u> 07/27/2006 MAHMED2 00000074 041105 09391473 Kalallea M DSusi (Signature) July 24, 2006 (Date) 1400.00 DA 01 FC:1501 02 F<del>C:8001</del> CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE 4930(840) 8652 NOBORU KUBO 09/08/1999 09/391,473 TITLE OF INVENTION: PIXEL DEFECT DETECTOR FOR SOLID-STATE IMAGING DEVICE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLN, TYPE 09/08/2006 \$1400 \$1400 NO nonprovisional ART UNIT **CLASS-SUBCLASS EXAMINER** WHIPKEY, JASON T 348-246000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list David G. Conlin (1) the names of up to 3 registered patent attorneys  $\square$  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, 2 Steven M. Jensen (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3 Edwards Angell Palmer listed, no name will be printed. Dodge, LLP 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Osaka, Japan Sharp Kabushiki Kaisha Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🌥 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: Issue Fee A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Advance Order - # of Copies Deposit Account Number 04-1105 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Date Jully 243,4 206606 Authorized Signature Stevel Jensen Registration No. Typed or printed name This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE r the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/391,473-Conf. #8652 Application Number FEE TRANSMITTAL September 8, 1999 Filing Date For FY 2006 Zhang and Kubo First Named Inventor **Examiner Name** J. T. Whipkey 2622 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 49304(70840) TOTAL AMOUNT OF PAYMENT 1,430.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) None Other (please identify): Check Credit Card Money Order x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES **SEARCH FEES** Small Entity **Small Entity Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 100 300 150 500 250 Utility 50 130 65 Design 200 100 100 Plant 200 100 300 150 160 80 300 150 500 250 600 300 Reissue 200 100 0 0 0 0 Provisional 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 200 Each independent claim over 3 (including Reissues) 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Fee (\$) Fee Paid (\$) Extra Claims HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$)

SUBMITTED BY						
Signature	the		Registration No. (Attorney/Agent)	42,693	Telephone	(617) 439-4444
Name (Print/Type)	Steven M. Jens	sen			Date	July 24, 2006

8001 Printed copy of patent w/o color

(round up to a whole number) x

- 100 =

Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee

4. OTHER FEE(S)

Attorney Docket No.: 49304(70840)

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Fee Transmittal (1 page)

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